PTO/SB/06 (08-03)
Approved for use through 7/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number.		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALI								OR		IER THAN	
FOR			NUMBER FILED		MBER EXTRA	7	T	7	SMAI	LL ENTITY	
BASIC FEE 127 CFH 1,16(a)) 1 141, GLAIVS						RATE	FEE	-	RATE	FEE	
974,68	(1 16(c))		reinus	200 7 1 7			<u> </u>			1 3	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		MAIS	minus 3 =			X \$ =					
MULTIP.	LE DEPEN	ENT CLAID PE	RESENT	(37 CFR 1.16(d))	1		OR	X S=	-		
If the difference in column 1 is less than zero, enter "U" in column 2.						1 5 ===================================	-	OR	+ 5=	-	
CLAIMS AS AMENDED - PART II						TOTAL	<u> </u>	OR	TATOT		
1	SAL)./)./	Amende	U = PARTI							
7	290	(Column 1	·	(Column 2)	(Column 3)	SMALL	ENTITY	. OR	OTHE SMAL	R THAN L ENTITY	
< - -	AI	REMAINIT AFTER	1G	NUMBER PREVIOUSLY	PRESENT	RATE	ADDI-		RATE	ADDI-	
	Total CFR 1.16(c))	AMENDME	NT Minus	PAID FOR	-/-		TIONAL			TIONAL FEE /	
Z Ind	ependent CFR 1.16(b))	1.	Minus	1 7	-	X \$=		OR	X \$=		
∑								OR	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ 5=	/	OR	+ \$=		
						TOTAL ADD'L FEE	<u> </u>	OR .	TOTAL ADD'L FEE	1	
		(Column 1)		(Column 2)	(Column 3)			_			
(37 C) Inde		REMAININ AFTER AMENDMEN	I	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL	1 1	RATE	ADDI- TIONAL	
(37 C	Total FR 1.16(c))	•	Minus	••	=	x \$ =	FEE	200		FEE	
∐ (37 C	pendent FR 1.16(b))	•	Minus	***	=	x s =		OR	X \$=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT Q.AM (37 CFR 1.16(d))						+5 =	The same and the same of the s	OR -	-X-\$ <u></u> x=		
						TOTAL ADD'L FEE		OR	+ \$=		
		(Column 1)		(Column 2)	(Column 3)	NOOLICE	L	OR	ADD'L FEE	·	
-		CLAIMS REMAINING AFTER AMENDMEN	1 1	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
(37 CF	Totat R 1.16(c))	•	Minus	44	=	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	FEE	ŀ		FEE	
Indep (37 CF	endent R 1.16(b))	•	Minus	•••	=	X \$=		OR	X \$=		
FIRST	PRESENTA	TION OF MULTI	PLE DEPENDE	NT CLAIM (37 CF			OR	X \$=	rette fakkle kliffe kar ele kreter – et e komboli		
(+s =		OR .	TOTAL	install a responde	
				in column 2, write IN THIS SPACE i				OR	ADD'L FEE		
Williams	ngriest Nul	ation is require	y Paid For (T	otal or Independe	ent) is the highest	er "3". number found in t	he annonoriata	hav in cal	1		

Liss collection of intermation is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is the (and by the public which is the public which is the (and by the public which is the public which is the (and by the public which is the public which is the (and by the public which is the public which is the public which is the public which is the (and by the public which is the pu

If you need assistance in completing the form, call 1-800-PTO 9199 and select option 2.